

DCJS USE ONLY		SEX OFFENDER REGISTRATION FORM		Please Print or Type Requested Information	
1. Name (Last, First, Middle) MATTHEWS, ANDRE		2. Alias / Nickname / Maiden Name (Last, First, Middle) "NUT"			
3. Date of Birth 04/09/65	4. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	5. Race <input type="checkbox"/> White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Unknown	6. Ethnic Origin <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown BLACK	7. Height 5' 7"	8. Weight 135
9. Hair BLK	10. Eyes BRO	11. Glasses <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12. Scars / Marks / Tattoos (Describe) UTILIZO WHITENING OF FACIAL	13. Social Security No. 114-60-5995	14. NYSID No. 4821715-K
15. FBI No. 272530EA	16. Driver's License No. & State ()	17. License Plate No.	18. Issuing State	19. Vehicle Year	20. Make
21. Model	22. Color	23. Arresting Agency NY CITY P.D. 80 PCT. Det. Belfiore			
24. Arrest Date 8/13/85		25. County MAN		26. City, State, Zip (C T V) MAN. 1305	
27. Sex Offender's Address at time of Arrest (Street No., Street Name, Bldg. No., Apt. No.) 1970 LEX AVE NYC NY		28. City, State, Zip (C T V) NYC NY		29. County MAN.	
30. Conviction(s) for Registration Purposes SODOMY 1°		31. Sentencing Court NY SUPREME		32. Docket No. 5200/85	
33. Date of Conviction 1/16/86	34. Sentence(s) Imposed 3-9 yo	35. Victim's Age 6-10 YR	36. Victim's Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F <input type="checkbox"/> Bth		
37a. Modus Operandi DOMESTIC	37b. Description of Offense OVER A PERIOD OF TIME SUBJECT AGGRAVATED A YOUNG DAUGHTER OF A FRIEND & HER HOME				
38. Supervising Agency DIVISION OF PAROLE - MANHATTAN II		39. Supervising Officer (if known) WROBLESKI, CHRISTOPHER		40. Agency Phone No. 212 239-6142	
41. Max. Exp. Date of Parole/Probation 09/29/1997	42. Risk Level of Offender <input type="checkbox"/> One <input type="checkbox"/> Two <input checked="" type="checkbox"/> Three <input type="checkbox"/> Pending	43. Special Conditions of Offender's Release Therapy, Drug Treatment, 30 ME			
44. Address of Offender (Street No., Street Name, Bldg. No., Apt. No.) 3150 BROADWAY #6B		45. City, State, Zip (C T V) NYC NY		46. County MAN.	47. Home Phone No. 212 747-5075
48. Sex Offender's Signature (I understand that false statements are punishable as a Class A Misdemeanor.) A. Matthews		49. Date 2/14/96	50. <input type="checkbox"/> Check this box if a Continuation Sheet is Attached		

Please follow the instructions listed on the back of this form.

SEX OFFENDER'S NOTICE OF REGISTRATION

- I understand that a copy of this form will be sent to the Division of Criminal Justice Services (DCJS) and that my name and information about me will be included in the New York State Sexual Offender Registry. The completion and submission to DCJS of this form registers me under Correction Law, Article 6-C, the Sex Offender Registration Act.
- I understand that I must annually verify my address with DCJS and notify DCJS in writing if my address changes from that listed above. If it is determined that my level of risk is 3, I understand that I must personally verify my address every 90 days with my local law enforcement agency.
- My obligation and the procedure for registration under the Sex Offender Registration Act have been explained to me. (Those duties are fully described on the back of this form.)

AVISO DE REGISTRO PARA EL DELINCUENTE SEXUAL

- Entiendo que una copia de este formulario se enviará a la División de Servicios de Justicia Criminal ("DCJS") y que mi nombre e información con respecto a mi persona se incluirán en el Registro de Delinquentes Sexuales del Estado de Nueva York. El llenar y someter este formulario a DCJS me registra bajo la Ley de Corrección, Artículo 6-C, del Acta de Registro de Delinquentes Sexuales.
- Entiendo que tengo que verificar anualmente mi dirección con DCJS y notificarlos, por escrito, si mi dirección cambia de aquella que aparece registrada. Si se determina que mi nivel de riesgo es tres (3), entiendo que debo verificar mi dirección en persona cada noventa (90) días con la agencia local de la ejecución de la ley.
- Se me ha explicado mi deber y el procedimiento de registro bajo el Acta de Registro de Delinquentes Sexuales. (Dichos deberes están descritos por completo al dorso de este formulario.)

Sex Offender's Signature Andre D. Matthews		Sex Offender's Name (print) ANDRE MATTHEWS		Date 2/14/96	
Address of Offender (Street No., Street Name, Bldg. No., Apt. No.) 3150 BROADWAY #6B		City, State, Zip (C T V) NYC NY		NYSID No. 4821715-K	
Notifying Agency DIVISION OF PAROLE - MANHATTAN II		Agency Address 314 W. 40th ST., NEW YORK, N.Y. 10018		Agency Phone No. 212-239-6142	
Signature of Notifying Officer PO Wroblewski		Name and Title of Notifying Officer CHRISTOPHER WROBLESKI, PAROLE OFFICER		Earliest Possible Release Date NO DAY YR ON PAROLE	

Please follow the instructions listed on the back of this form.
JS - 3230 (11/95)

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